

<i>SERFF Tracking Number:</i>	<i>UHLC-127326897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>49340</i>
<i>Company Tracking Number:</i>	<i>GU25024STGRS (6-11)</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>GROUP MEDICARE SUPPLEMENT</i>		
<i>Project Name/Number:</i>	<i>ADVERTISING/GU25024STGRS (6-11)</i>		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-127326897 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 49340

Sub-TOI: MS08G.001 Plan A 2010 Co Tr Num: GU25024STGRS (6-11) State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton

Date Submitted: 07/19/2011 Disposition Date: 08/17/2011  
Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: ADVERTISING

Project Number: GU25024STGRS (6-11)

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 08/17/2011

State Status Changed: 08/17/2011

Created By: Michelle Ambach

Corresponding Filing Tracking Number: GU25024STGRS (6-11)

Filing Description:

Submitted for your review, is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is substantially similar in content to advertising previously approved by the Department on 7/12/2011 under SERFF Tracking Number UHLC-127243249.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Bobbie Walton

The material included within this filing is an Invitation to Inquire.

SERFF Tracking Number: UHLC-127326897 State: Arkansas  
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Company Tracking Number: GU25024STGRS (6-11)  
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
Product Name: GROUP MEDICARE SUPPLEMENT  
Project Name/Number: ADVERTISING/GU25024STGRS (6-11)

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
680 Blair Mill Rd. 215-902-8444 [Phone]  
Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
185 Asylum Street Group Code: 707 Company Type: Life and Health  
Hartford, CT 06103 Group Name: State ID Number:  
(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 PER FILING  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	07/19/2011	49903236

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/17/2011	08/17/2011

*SERFF Tracking Number:* UHLC-127326897 *State:* Arkansas  
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Plans 2010  
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*Project Name/Number:* ADVERTISING/GU25024STGRS (6-11)

## Disposition

Disposition Date: 08/17/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-127326897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>49340</i>
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	<i>Plans 2010</i>		
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<i>Project Name/Number:</i>	<i>ADVERTISING/GU25024STGRS (6-11)</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	PRINT AD	Filed-Closed	Yes

SERFF Tracking Number: UHLC-127326897 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 49340

Company Tracking Number: GU25024STGRS (6-11)

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010

Product Name: GROUP MEDICARE SUPPLEMENT

Project Name/Number: ADVERTISING/GU25024STGRS (6-11)

## Form Schedule

**Lead Form Number: GU25024STGRS (6-11)**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 08/17/2011	GU25024S TGRS (6-11)	Advertising	PRINT AD	Initial		45.000	GU25024STG RS(6-11).pdf

This is your guide to help understand

# AARP<sup>®</sup> Medicare Supplement Insurance Plans

Welcome to today's presentation prepared  
for retirees of [employer name here].

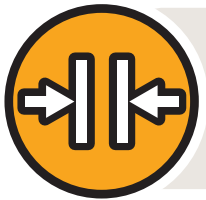
The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP Intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

# What Is a Medicare Supplement Insurance Plan and How Does It Work with Medicare?

**Here is an overview:**

- Medicare supplement plans are policies sold by private health insurance companies
- The plans are standardized and benefit levels vary by plan
- Helps pay some costs Medicare doesn't pay, like co-insurance, co-payments and deductibles\*
- Medicare only covers about 80% of Part B medical expenses. Medicare supplement plans help cover some of the remainder, about 20% or more of those costs
- Plans offer the freedom to go to any hospital or physician that accepts Medicare patients



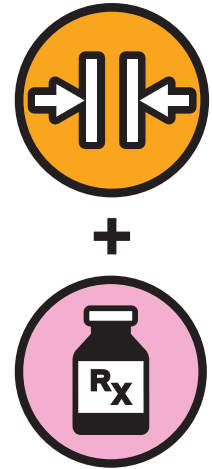
**Medicare supplement plans give you the freedom to go to any hospital or physician that accepts Medicare patients**

*\* Depending on the plan selected*



# How Medicare Supplement Plans Can Work with Medicare Part D

Medicare supplement plans by themselves do not cover prescription drug costs. If you wish to have this additional coverage you'll need to buy a Medicare Part D plan along with your Medicare supplement plan.



Medicare Part D is a separate optional insurance that can help lower prescription drug costs

# Who Is Eligible to Apply for an AARP® Medicare Supplement Plan?

**You are eligible if you are:**

- Enrolled in Medicare Parts A and B at the time your coverage begins (typically most individuals enroll in Medicare Parts A and B at age 65)
- Age 65 or older (or under age 65 with certain disabilities in some states)\*
- A resident of the state in which you are applying for coverage
- A member of AARP



## **Not an AARP member?**

You can apply for AARP membership when you apply for an AARP Medicare Supplement Plan.

\* In some states, plans may be available to persons eligible for Medicare by reason of disability.

# Why Choose a Medicare Supplement Plan?

**You'll enjoy the following features:**

- Helps you manage out-of-pocket costs
- You have the freedom to choose any doctor who accepts Medicare patients
- Virtually no claim forms to file
- Your coverage goes with you if you travel or move anywhere in the U.S.
- Foreign Travel Emergency benefit is included for emergency services received outside of the United States (with some plans)\*
- Coverage is guaranteed renewable as long as you pay your premium when due and no material misrepresentations have been made at the time of the application

































**Medicare supplement plans give you the freedom to choose any doctor that accepts Medicare patients**

\* Care needed immediately because of an injury or an illness of sudden and unexpected onset.

# Information About Available AARP® Medicare Supplement Plans

All Medicare supplement plans let you choose your own doctors, specialists and hospitals that accept Medicare patients – there are no out-of-network restrictions.

 100% Coverage unless otherwise noted.

Benefits	A	B	C	F	K	L	N
Part A Co-insurance and Hospital Benefits							
Part A Deductible					50%	75%	
Part B Co-insurance or Co-payment					50%	75%	\$20/\$50*
Part B Deductible							
Part B Excess Charges**							

\* Plan N pays 100% of the Part B co-insurance except up to \$20 co-payment for office visits and up to \$50 for emergency department visits that don't result in an inpatient admission.




















\*\* Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare approved Part B charge. Plan F pays benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. In New York, the Excess Charge is limited to 5%. In Texas, the excess charge is not to exceed 15% over the Medicare approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

Information is continued on the next slide.

# Information About Available AARP® Medicare Supplement Plans

All Medicare supplement plans let you choose your own doctors, specialists and hospitals that accept Medicare patients – there are no out-of-network restrictions.

 100% Coverage unless otherwise noted.

Benefits	A	B	C	F	K	L	N
Blood - First Three Pints					50%	75%	
Foreign Travel Emergency*† (Up to Plan Limits)			80%	80%			80%
Hospice/Respite Care Co-insurance or Co-payment					50%	75%	
Skilled Nursing Facility Care Co-Insurance					50%	75%	

**K**

Plan K has a [\$4,640] maximum out of pocket, indexed to Medicare

**L**

Plan L has a [\$2,320] maximum out of pocket, indexed to Medicare

\* For Foreign Travel Emergency, the insured is responsible for the \$250 deductible, the remaining 20% and the amounts above the \$50,000 benefit limit.

† Care needed immediately because of an injury or an illness of sudden and unexpected onset.

# Medicare Supplement Plans

**Core Plan and Supplement 1 Plan are available in Massachusetts**

Basic Benefits		Included in All Plans	
Hospitalization		Covers the Medicare Part A co-insurance plus coverage for 365 additional days after Medicare coverage ends	
Medical Expenses		Covers the Medicare Part B co-insurance (generally 20% of the Medicare-approved amount)	
Blood		Covers the first 3 pints of blood each year	
Hospice		Part A Hospice co-insurance or co-payment	
Other Benefits		Core Plan	Supplement 1 Plan
Medicare Part A: Inpatient Hospital Deductible		–	✓
Medicare Part A: Skilled Nursing Facility Co-insurance		–	✓
Medicare Part B: Deductible		–	✓
Foreign Travel Emergency		–	✓
Inpatient Days in Mental Health Hospitals		60 days per calendar year	120 days per benefits year
State Mandated Benefits (such as annual Pap tests and mammograms)		✓	✓

# Medicare Supplement Plans

**Basic Plan and Extended Basic Plan are available in Minnesota**

Basic Benefits	Included in All Plans
Hospitalization	Covers the Medicare Part A co-insurance plus coverage for 365 additional days after Medicare coverage ends
Medical Expenses	Covers the Medicare Part B co-insurance (generally 20% of the Medicare-approved amount)
Blood	Covers the first 3 pints of blood each year
Cost Sharing	Part A Hospice and respite; Part A and B home health services and supplies

Other Benefits	Basic Plan	Extended Basic Plan
Skilled Nursing Facility Care Co-insurance	✓	✓
Medicare Part A: Deductible	Only if added by rider	✓
Medicare Part B: Deductible	Only if added by rider	✓
Outpatient Mental Health	50%	50%
Non-Medicare Preventive Care	Only if added by rider	✓
Foreign Travel Emergency	80%	80%*
* Pays 100% after you spend \$1,000 in out-of-pocket costs for a calendar year (applies to the Foreign Travel Coverage and Foreign Travel Emergency benefits, as well as the Usual and Customary Fees benefits available with the Extended Basic Plan)		

Available Riders
<ul style="list-style-type: none"> <li>• Medicare Part A: Inpatient Hospital Deductible</li> <li>• Medicare Part B: Deductible</li> <li>• Usual and Customary Fees</li> <li>• Non-Medicare Preventive Care</li> </ul>

# Medicare Supplement Plans

## Plans available for Wisconsin

Basic Benefits	Included in All Plans
Hospitalization	Covers the Medicare Part A co-insurance
Medical Expenses	Covers the Medicare Part B co-insurance (generally 20% of the Medicare-approved amount)
Blood	Covers the first 3 pints of blood each year
Part A Hospice	Co-insurance or co-payment

Other Benefits	Basic Plan
Medicare Part A: Skilled Nursing Facility Co-insurance	✓
Inpatient Mental Health Coverage	175 days per lifetime in addition to Medicare's benefit
Home Health Care	40 visits in addition to those paid by Medicare
Outpatient Mental Health	✓

### Optional Riders

The following additional riders are available:

- Part A Deductible
- Additional Home Health Care (365 visits including those paid by Medicare)
- Part B Deductible
- Part B Excess Charges
- Foreign Travel



# Additional Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP does not make individual recommendations for health related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

**This is a solicitation of insurance. An agent/producer may contact you.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Your agent/producer can provide complete information, including benefits, costs, eligibility requirements, exclusions and limitations.

**Important Exclusion Information for Arizona, Idaho, Kansas, Maryland, Oklahoma and Texas residents:**

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.

# Additional Information cont'd.

## **Additional Exclusions:**

**For Arizona, Kansas and Oklahoma residents:** Stays beginning, or care or supplies received, before your plan's effective date.

**For Idaho residents:** Any portion of hospital or skilled nursing facility stay that takes place prior to your plan's effective date. Medical expenses incurred before your plan's effective date.

**For Maryland and Texas residents:** Any period of hospital or skilled nursing facility stay that occurs prior to the effective date. Care or supplies received before your plan's effective date.

**For Arizona, Idaho, Kansas and Oklahoma residents:** Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

**For Maryland and Texas residents:** Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.